

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILING DATE
APPLICANT
10/5/2968

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		2					53						
4	5						54						
5	1	4					55						
6	1						56						
7	1	3					57						
8	1						58						
9		1					59						
10	1						60						
11	1	6					61						
12	5						62						
13	1	8					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	1	↓		↓		↓		↓		↓		↓	
TOTAL DEP.	19	↖		↖		↖		↖		↖		↖	
TOTAL CLAIMS	20												

BEST AVAILABLE COPY